

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

DL.

A

13 CLAIMS

	AS FILED		AFTER		AFTER	
	1st AMENDMENT	2nd AMENDMENT	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	4		6		8	
TOTAL DEP.	23	→	25	→	42	→
TOTAL CLAIMS	27	3	50			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
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16	/		/			
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
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100						
TOTAL IND.	13		15			
TOTAL DEP.	44		42			
TOTAL CLAIMS	57		57			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS